

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa
Chapter 13 Standing Trustee
Cherry Tree Corporate Center
535 Route 38, Suite 580
Cherry Hill, NJ 08002-2977
(856) 663-5002

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY
(Camden)**

In Re:

PATRICK A. ROOD

Debtor(s).

Proceedings in Chapter 13

Case No.: 19-17045-JNP

**TRUSTEE'S STATEMENT PURSUANT
TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and
1106(a)(4)**

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A - J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").

2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.

3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: October 02, 2019

ICB: KES
via first class mail:

PATRICK A. ROOD

Respectfully submitted,

/s/ ISABEL C. BALBOA

ISABEL C. BALBOA

Chapter 13 Standing Trustee

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Debtor(s) Name: Patrick Rood

Case Number: 19-16823

E-Mail: patrickankerood@gmail.com

I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:

My business name is: Patrick Rood Companies LLC

The nature of my business is: Tax preparation & Business consulting

My business has a web page at: www.roodfinancial.us

My EIN* from the IRS is: 45-0943842
(If no EIN# enter last 4 digits of SS#)

*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.

My business is a:

- ☐ Sole Proprietorship. ☒ Limited Liability Company. ☐ Limited Liability Partnership.
☐ Partnership. ☐ Corporation.

My business is located at: 226 chestnut St Westville NJ 08093

This property is:

- ☒ owned by myself and/or spouse.
☐ owned by a relative of Debtor(s) and/or relative of spouse.
☐ leased (with a written lease).
☐ leased (without a written lease).

My business started: 01/01/2008
(mm/dd/yyyy)

My ownership interest in business is 100%
(%):

Individual Income Tax Returns have been filed with the IRS through the year ending:

- | | | | | |
|--|--------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input checked="" type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input type="checkbox"/> Not Required. | | | | |

Partnership or Corporate Tax Returns have been filed with the IRS through the year ending:

- | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input checked="" type="checkbox"/> Not Required. | | | | |

My business has, other than the owner(s), partner(s), and share holders/members:

- ☐ W-2 Employees.
- ☐ Sub-Contractors for which 1099-MISC are issued.
- ☐ Both Employees & Sub-Contractors.
- ☐ Casual Laborers for which no 1099-MISC are required.
- ☒ No Employees or Sub-Contractors.

W-2s have been issued to all employees through the year ending:

- | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input checked="" type="checkbox"/> Not Required. | | | | |

1099-MISCs have been issued to all non-W-2 employees through the year ending:

- | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input checked="" type="checkbox"/> Not Required. | | | | |

My business has paid FUTA taxes through the year ending:

- | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input checked="" type="checkbox"/> Not Required. | | | | |

My business has paid FICA taxes through the year ending:

- | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12/31/2011. | <input type="checkbox"/> 12/31/2012. | <input type="checkbox"/> 12/31/2013. | <input type="checkbox"/> 12/31/2014. | <input type="checkbox"/> 12/31/2015. |
| <input type="checkbox"/> 12/31/2016. | <input type="checkbox"/> 12/31/2017. | <input type="checkbox"/> 12/31/2018. | <input type="checkbox"/> 12/31/2019. | <input type="checkbox"/> 12/31/2020. |
| <input checked="" type="checkbox"/> Not Required. | | | | |

My business has paid all applicable State taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☒ 12/31/2019. ☐ 12/31/2020.
☐ Not Required.

My business has paid S&U taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business had "trade credit" or payment arrangements with:

The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor.

My business accounts receivable total:

My business accounts payable total:

My business has the following insurance coverage:

- ☐ Comprehensive General Liability (CGL). ☐ Dram Shop Insurance.
☐ Errors & Omissions Insurance (E&O). ☐ Liquor Liability Insurance.
☐ Malpractice Insurance. ☐ Property Insurance (for business property).
☐ Vehicle Insurance (for business vehicle(s)). ☒ No Insurance Required.
☐ Other:

My business has a license and/or Permit in accordance with NJ's requirements that is:

- ☐ Active. ☐ Non-Active. ☐ Expired.
☒ Not Required.

My business:

- ☐ has pledged any business receivables, rents, profits, or other cash as collateral for any loans.
☒ has not

My business:

- ☐ does have a line of credit with any financial institution.
☒ does not

My business:

- ☐ has completed and/or provided financial statements to a third party within the two (2) years preceding the filing of this bankruptcy proceeding.
☒ has not

My business:

- ☐ does have a pension, 401(k), profit-sharing, or other retirement plan.
☒ does not

My business has the following bank accounts:

- ☒ Checking. ☐ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have the following personal accounts:

- ☒ Checking. ☐ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

My business assets total: (including equipment, inventory and accounts).

YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:

- ☒ IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION).
- ☒ PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates.
- ☒ PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.
- ☒ PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.
- ☒ PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.
- ☒ PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.
- ☒ PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

- ☒ I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)
- ☒ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).
- ☒ I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:

/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):

03/20/2019

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Debtor(s) Name:

Case Number:

E-Mail:

I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:

My business name is:

The nature of my business is:

My business has a web page at:

My EIN* from the IRS is:
(If no EIN# enter last 4 digits of SS#)

*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.

My business is a:

- ☐ Sole Proprietorship. ☒ Limited Liability Company. ☐ Limited Liability Partnership.
☐ Partnership. ☐ Corporation.

My business is located at:

This property is:

- ☒ owned by myself and/or spouse.
☐ owned by a relative of Debtor(s) and/or relative of spouse.
☐ leased (with a written lease).
☐ leased (without a written lease).

My business started:
(mm/dd/yyyy)

My ownership interest in business is
(%):

Individual Income Tax Returns have been filed with the IRS through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

Partnership or Corporate Tax Returns have been filed with the IRS through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has, other than the owner(s), partner(s), and share holders/members:

- ☐ W-2 Employees.
☐ Sub-Contractors for which 1099-MISC are issued.
☐ Both Employees & Sub-Contractors.
☐ Casual Laborers for which no 1099-MISC are required.
☒ No Employees or Sub-Contractors.

W-2s have been issued to all employees through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

1099-MISCs have been issued to all non-W-2 employees through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid FUTA taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid FICA taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid all applicable State taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid S&U taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business had "trade credit" or payment arrangements with:

The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor.

My business accounts receivable total:

\$0.00

My business accounts payable total:

\$0.00

My business has the following insurance coverage:

- ☐ Comprehensive General Liability (CGL). ☐ Dram Shop Insurance.
☐ Errors & Omissions Insurance (E&O). ☐ Liquor Liability Insurance.
☐ Malpractice Insurance. ☐ Property Insurance (for business property).
☐ Vehicle Insurance (for business vehicle(s)). ☒ No Insurance Required.
☐ Other:

My business has a license and/or Permit in accordance with NJ's requirements that is:

- ☐ Active. ☐ Non-Active. ☐ Expired.
☒ Not Required.

My business:

- ☐ has pledged any business receivables, rents, profits, or other cash as collateral for any loans.
☒ has not

My business:

- ☐ does have a line of credit with any financial institution.
☒ does not

My business:

- ☐ has completed and/or provided financial statements to a third party within the two (2) years preceding the filing of this bankruptcy proceeding.
☒ has not

My business:

- ☐ does have a pension, 401(k), profit-sharing, or other retirement plan.
☒ does not

My business has the following bank accounts:

- ☒ Checking. ☐ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have the following personal accounts:

- ☒ Checking. ☒ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

My business assets total: (including equipment, inventory and accounts).

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- ☒ IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION).
- ☒ PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates.
- ☒ PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.
- ☒ PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.
- ☒ PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.
- ☒ PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.
- ☒ PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

- ☒ I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)
- ☒ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).
- ☒ I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:



/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):

05/15/2019

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active BusinessSole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Debtor(s) Name: Patrick Rood

Case Number:

E-Mail: roodowners@roodfinancial.us

I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:

My business name is: Patrick Rood Companies LLC

The nature of my business is: Tax services & Ride sharing for promotional purposes

My business has a web page at: www.roodfinancial.us

My EIN* from the IRS is: 45-0943842

(If no EIN# enter last 4 digits of
SS#)

*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.

My business is a:

- ☐ Sole Proprietorship. ☒ Limited Liability Company. ☐ Limited Liability Partnership.
☐ Partnership. ☐ Corporation.

My business is located at: 226 Chestnut St Westville Nj 08093

This property is:

- ☒ owned by myself and/or spouse.
☐ owned by a relative of Debtor(s) and/or relative of spouse.
☐ leased (with a written lease).
☐ leased (without a written lease).

My business started: 02/28/2019
(mm/dd/yyyy)My ownership interest in business is 100%
(%):

Individual Income Tax Returns have been filed with the IRS through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☒ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☐ Not Required.

Partnership or Corporate Tax Returns have been filed with the IRS through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☒ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☐ Not Required.

My business has, other than the owner(s), partner(s), and share holders/members:

- ☐ W-2 Employees.
☐ Sub-Contractors for which 1099-MISC are issued.
☐ Both Employees & Sub-Contractors.
☐ Casual Laborers for which no 1099-MISC are required.
☒ No Employees or Sub-Contractors.

W-2s have been issued to all employees through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

1099-MISCs have been issued to all non-W-2 employees through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid FUTA taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid FICA taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

My business has paid all applicable State taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☒ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☐ Not Required.

My business has paid S&U taxes through the year ending:

- ☐ 12/31/2011. ☐ 12/31/2012. ☐ 12/31/2013. ☐ 12/31/2014. ☐ 12/31/2015.
☐ 12/31/2016. ☐ 12/31/2017. ☐ 12/31/2018. ☐ 12/31/2019. ☐ 12/31/2020.
☒ Not Required.

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The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor.

My business accounts receivable total:

\$0.00

My business accounts payable total:

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My business has the following insurance coverage:

- ☐ Comprehensive General Liability (CGL). ☐ Dram Shop Insurance.
☐ Errors & Omissions Insurance (E&O). ☐ Liquor Liability Insurance.
☐ Malpractice Insurance. ☐ Property Insurance (for business property).
☒ Vehicle Insurance (for business vehicle(s)). ☐ No Insurance Required.
☐ Other:

My business has a license and/or Permit in accordance with NJ's requirements that is:

- ☐ Active. ☐ Non-Active. ☐ Expired.
☒ Not Required.

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My business:

- ☐ does have a line of credit with any financial institution.
☒ does not

My business:

- ☐ has completed and/or provided financial statements to a third party within the two (2) years preceding the filing of this bankruptcy proceeding.
☒ has not

My business:

- ☐ does have a pension, 401(k), profit-sharing, or other retirement plan.
☒ does not

My business has the following bank accounts:

- ☒ Checking. ☐ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have the following personal accounts:

- ☒ Checking. ☒ Savings. ☐ Money Market.
☐ Federal Credit Union. ☐ Paypal Account. ☐ No Account(s).
☐ Other

My business assets total: (including equipment, inventory and accounts).

YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:

- ☒ IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION).
- ☒ PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates.
- ☒ PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.
- ☒ PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.
- ☒ PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.
- ☒ PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.
- ☒ PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

- ☒ I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)
- ☒ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).
- ☒ I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:

/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):

05/15/2019